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| 1 | U  | I | U  | 2  |

| 1. PLACE OF DEATH  | 97   |
|--|--|
| County Juliu Cluve   | Registration Dist. No. 254   |
| Village or City Wye Mills  | ND. St., Ward  |
| Length of residence in city on town where death occurred 7 0 yrs 5 mos   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds. |
| Mura Dines   | how long in 0.5. If of folergil bitting.   |
| 2. FULL NAME   |  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCE (**critic the word)  | 21. DATE OF DEATH Self (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bawser  | 22. I HEREBY CERTIFY, That Lattendad deceased from  1937, to Supply 1937   |
| 6. DATE OF BIRTH (month, day, and year)  | Hast saw here alive on aug. 1937; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at  |
| 70 5 28 1 day,hrs.   | Tha PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:  |
| 8. Trada, profession, or particular kind of work dona, as SPINNER,   | (h) 1 (1) (1) (1)  |
| SAWYER, BDDKKEEPER, etc.   | Willia secresio 1930   |
| work was dona, as SILK MILL,<br>SAW MILL, BANK, etc.   |  |
| kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year) year)  11. Total time (years) spenj in this occupation. |  |
| Mare land  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   | acue enceus  |
|  |  |
| E  | Name of operation Date of  |
| (Stata or country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME / Henrietta Class Cors   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME / Servetta Clay Con  | Accident, suicide, or homicide? Data of injury19   |
| S (Stata or coonlry) / Nary Land   | Where did injury occur?  |
| 17. INFORMANT (Address) (Utyle Mills. Mil  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR REMOVAL 2. Q. Co. 9- 5   | Manner of injury   |
| Place function md_Date 193/  | Natura of injury   |
| 19. UNDERTAKER Mis Unie W. Eddins (Address) Centagailte Md   | 24. Was diseasa or injury In any way related to occupation of deceased?  |
| 9-4- 27-100 m / 1  | if so, specify  (Signed)  (Signed)  (M.D.  |
| 20. FILED T, 19-3 Color Clause Constraint  | (Address) Selentanen   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| OCT 6 1997   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | 1             |

MARGIN RESERVED FOR BINDING

V. S. No. 1

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| STATE OF MARYLAND  | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 10100   |
| COVINING SUBMINISCHELL   | Registration Dist. No. 2 27   |
| Village or City Okceech. Theel   | NoSt.,Ward  |
| 28 (1  | death occurred in a hospital or institution, give its NAME instead of street and number)  |
| Length of residence in city or town where death occurred yrs   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME POULL CHURCH ISLA   | If U.S. Veteran specify WAR   |
| (a) Residence: No. Cullett, It all but (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OP DIVORCED ("write the word)   | 21. DATE OF DEATH 25 193  |
| 5a. If married, widowed of divorced  | (Day) (Year)  |
| HUSBAND of Calelle Author  | 20 10 10 HERERY STRIPY. That f attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year Mcel 22/909_  | I last saw helle aliva on self 22, 19, death is seid  |
| 7. AGE Years Months Days II LESS than  | to heve occurred on the date steted above, at   |
| 28 6 3 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| Z Trede, profession, or particular   | Determination and Comment   |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and   | Doublest skipte   |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.   | Due exelest face X  |
| SAW MILL, BANK, etc  | Dest Dest   |
| 11. Total time (years) this occupation (month and year) occupation   | au au ovacomon 2  |
|  | Other Contributory Causes of Importanca:  |
| 12. BIRTHPLACE (city or town) (State or country) (State or country)  | Malle   |
| 13, NAME LOS RAPA Beetles  |   |
| H / W  | Management Office and the second  |
| 14. BIRTHPLACE (city of two)   (State of country)   (State of country) | Name of operation Date of What has applying a part of the part of |
|  | What test confirmed diagnosis? Was there an autoper the confirmed diagnosis?  |
|  | 23. If death was due to externit duses (VIOL ENCE) fill in also the following:  Accident, suicide, or homician 1937   |
| O 16. BIRTHPLACE (city of town)  State or country Coll Miles (1)   | Where did injury occurs Ollie 1. The  |
| Varobb Berti   | Specify the or town, county and Sales  Specify the or on PUBLIC PLACE.  |
| 17. INFORMANT (Address) CHARLES Here Steet   | Specify whether injury occurred in INDUSI KET IN BUME, or in Public PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury Death Delated to All Relative  |
| Place Church Held Date Sept. 28, 1937  | Nature of injury Beelle Horse of the extinct  |
| Thomas de Se most  | 24. Wes disease or injury in eny way related to occupation of dacaased?   |
| 19. UNDERTAKER PARA H. H. H. H. W. O. WAR.   | If so, speniy allest There Coronal  |
| leat 17 98 7/2 & Q   | (Signed Pallen D. Dilea Der M. D.   |
| 20. FILED PALL 1939 Nome Te Zorgan   | (Address lielly. Well the   |
| If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| 1             | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Perilonitis  Other contributory causes of importance: |

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2 CAUSE mation LION (Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

DEATH

OF

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| ZIZ                                       | חדדת        |  |
|---|-------------|--|
| FOD                                       | T CT        |  |
| しゅい ひ い ひ い ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ ひ | THE ATTRICT |  |
| MADGIN                                    |             |  |
| 1   |             |  |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. of death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? \_\_\_\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) nound (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oavs If LESS than to have occurred on the date stated above, at Tisse Acm. I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance, or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation \_. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation Oate of (State or country) What test confirmed diagnosis?\_ ----- Was there an autopsy? Ax MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur? \_\_\_. (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury\_

(Signed)

(Address)

If so, specify

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

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|---------------|--|--|
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|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
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| See lette, Letter 10/21/37 render 6 |  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |

V. S. No. 1

| 1. PLACE OF DEATH  County  | Registration Dist. No. 253  |
|--|---|
| Village or City Tour Jours   | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)                             |
| 11(10)   | 2 Larlyt U. S. Veteran, specify WAR   |
| (a) Residence: No. 7/9 Cator Ove Bul   | Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Lale  Julie  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| . If married, widowad, or divorcad HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I attanded deceased from   |
| DATE OF BIRTH (month, day, and year) June 8-1925   | I last saw h alive on, 19, 19, 19; deeth is sai   |
| AGE Years Month's 2 Days If LESS than 1 day, hrs.  | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | There was no boat involved cive of  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total tima (yaars) spent in this | Deseased war wirmming with a would of   |
| 10. Date deceased last worked at this occupation (month and year)  | Course, mean Soul Pointa Was socidentally.  Other Contributory Causes of Importance: drowned this Gody was                      |
| (Stata Grountry) Suttemer (Stata Grountry)   | found the next day no marks of vio-   |
| 13. NAME Click Clark  14. BIRTHPLACE (city or town) Baltimore  (State or country)  | Name of operation Data of   |
| (Stata of country)   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAMELARY &, Mc namara   | 23. If death was due to axternal causes (VIOL ENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town) Bultimara  | Accident, suicide, or homicida? Accident. Date of Injury 9/3, 193   |
| (State or country)   | Where did injury occur? (Specify city or town, county and State)  |
| 7. INFORMANT (Address) 7/19 Cator ave Ballo  | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Month Love Found & Co. Co. Min.                      |
| BURIAL, CREMATION, OR REMOVAL Curelery List. 1937  | Manner of Injury Drowning : recidental.  Nature of Injury   |
| 9. UNDERTAKEN HERELY HOECK SX Balle<br>(Address) 30/ Fast Eger SX Balle  | 24. Was disease or injury in any way related to occupation of deceased?  If so, spacify f. Mart Thorupson, Corone               |
| O. FILESCHX Y , 1937. F. B. Storman  | (Signed) feutreville M.   |

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               | 100  |               |
|  |               |  |               |

-WRITE PL

B

V. S. No. 1

(Addless)

| 1. PLACE OF DEAT   |                     | 1   | (13)   |
|--|---------------------|---|--|
| County Bries   |                     | e.  | Registration Dist. No. 25 T  |
| village of City  | ryaulor             | 1 . /   | NoSt.,Ward<br>f death occurred in a hospital or institution, give its NAME instead of street and number)           |
| 2. FULL NAME (a) Residence: No.  | or town where death | free yrs more antour (Usual place of abode)               | sds. How long in U.S. if of foreign birth?yrsmosds.  St.,Ward.  If nonresident give city or town and State         |
| PERSONAL AND   | STATISTICA          | AL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| male co  | £,                  | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH Seft / 2 - 193 (Month) (Day) (Yeer)  |
| 5e. If merried, widowed, or divord<br>HUSBANO of<br>(or) WIFE of   | ed Dead             | /   | 22. I HEREBY CERTIFY, That I ettended deceased from 19, 19, 19   |
| 6. DATE OF BIRTH (month, dey, 7. AGE Years   | Months              | Days If LESS then 1 dey,hrs.                              | to heve occurred on the date stated ebove, et  |
| 3. Trede, profession, or parkind of work done, essawyer, BOOKKEEP 9. Industry or business in work was done, es SI SAW MILL, BANK, etc. | ER, etc             | abrier Farm   | were as rollows: Interstite as nephritis Date of once with mitral Regurge Shire Was wood dead when I say he        |
| 10. Dete decessed lest work this occupetion (mont year)  | ed et dono          | 11. Total time (years) spent in this occupetion           | Other Coutributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   | md                  |   | Other Conditions Canada (1 Importance)   |
| 13. NAME Jour  | Grun                | mage  |  |
| 13. NAME OVA  14. BIRTHPLACE (city or tow  (Stete or country)  | n)                  | nd  | Name of operation Oete of  |
| E 15. MAIOEN NAME 24   | arriet "            | Drumage   | What test confirmed diegnosis?   |
| 16. BIRTHPLACE (city or tow<br>(State or country)  | n)                  | 8   | 23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?    |
| 17. INFORMANT Dang (Address)   | enter & Re          | buson nel   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR RE   | moval               | Octo. Sept. 13-, 1937                                     | Manner of Injury   |
| 19. UNDERTAKER A   | nni.                | W- Eddins   | 24. Was disease or injury in eny way related to occupation of deceased?  |

Registrar. If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| MIREAU   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH item of infor-OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U. S. if of foreign birth? .... ECORD, Every Length of residence In city or town where death occurred statement (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH ON IVORCED (write the word) PERMANENT (Oay) classified 5a. Married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That t attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at...... I day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onget 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... may back pluods 11. Total time (years) on 10. Date deceased tast worked at this occupation (month and spent in this that occupation \_\_ instructions UNFADING Other Contributory Causes of Importanca SO 12. BIRTHPLACE (city or town) (State or country) terms, FATHER See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?.. carefully Was there an autopsy?\_ MOTHER important. 15. MAIDEN NAME LU . If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of injury...... DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? \_\_\_. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very OF (Addrass) 18. BURIAL CREMATION, OR REMOVAL Mannar of injury WRITE 00 CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased?\_ 19. UNOERTAKER (Address) If so, specify Ø (Signed) 20. FILED Registra (Address) \_\_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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| Example I  | -11           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (gerite the word) (Month) (Oay) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months to have occurred on the date stated above, at ... 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or .... min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation .... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Menner of Injury 24. Was disease or injury in any way related to occupation of deceased?\_ 19. UNOERTAKER (Address) If so, specify\_ 20. FILEO S

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(Address) \_

Registrar.

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| and a      | Example II  |   |
|------------|---|---|
| 133        | of importance were as follows:                            | Date of onset   |
| 1921       | Run over by street car                                    | 1 week ago  |
| Juy5,1927  | Peritonitis   | 3 days ago  |
| May 1,1923 | Other contributory causes of importance:  Gastroenteritis | 1 year  |
|            | Juy5,1927   | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance: |

| V. B.—WRITE PLACEY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | ite.   |
|--|--|--|--|
| IS IS A  | be stated  | e proper   | of certific  |
| FADING INK-TH  | ied. AGE should b  | ns, so that it may b   | structions on back o   |
| -WRITE PLANTY, WITH UNF  | nation should be carefully suppli  | CAUSE OF DEATH in plain term   | TION is very important. See instructions on back of certificate. |
| . B.   |  | 7  |  |

MARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH  County Current Carrent  Village or City Current  (If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. If of foreign birth?  2. FULL NAME Margaret Carrent  (a) Residence; No.  St., Ward. | Ward d number) mosds. |
|--|-----------------------|
| Village or City  | Ward d number) mosds. |
| 2. FULL NAME Margaret Jacob If U. S. Veteran, specify WAR.   |                       |
| TOLE NAME.   | nd State              |
| (Usual place of abode) If nonresident give city or town as   |                       |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  |                       |
| 3. SEX 4. COLOR OR RACE Plack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  21. DATE OF DEATH Seft: 24- (Month) (Dey)  | , 193(Year)           |
| 5a. If marriad, widowad, or diverced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY, That i attanda  Spring 23. 1937 to Sept 24   |                       |
| 6. DATE OF BIRTH (month, day, and year) I last saw her allva on Seft 23 1937   | ; daath is sald       |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. to have occurred on the date stated above, at  | Date of onset         |
| 8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and spent in this  |                       |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  |                       |
| 10. Date daceasad last worked at this occupation (month and year) occupation   |                       |
| 12. BIRTHPLACE (city or town)  Other Contributory Causes of Importance:  (State or country)  |                       |
| 13, NAME andrese Scott   |                       |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  Nama of operation  What test confirmed diagnosis?  Was there as   | 1-                    |
| 15. MAIDEN NAME Cleye Reck 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?  Data of injury   | ing:                  |
| Specify city or town, county and Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC I (Address)  | tate)<br>PLACE.       |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Certification of the Sept 16, 1937 Nature of Injury Nature of Injury   | ***********           |
| 19. UNDERTAKER Sactor of deceased?  (Address)  24. Was disaase or injury in any wey raisted to occupation of deceased?  if so, specify  (Signat)   |                       |
| 20. FILED Sept. 25, 1937 Islamia Description (Address) (Address)  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.   | M. D                  |

V. S. No. 1

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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage OCT 4  | July 5,1927   | Peritonitis S  | 3 days ago    |
|  |               | Complete Control of Complete C |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:   | 100           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
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CORD. Every item of infor-PHYSICIANS should state

B.—WRITE PLA

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V. S. No. 1

20. FILED

(Address)

| 1. PLACE   | F DEATH  |   | (950)  | /                 |
|--|--|---|--|-------------------|
| County   | queen An   | n   | Registration Dist. No. 2.  | 50                |
|  |  | empleville (1) death occurred 60 yrs mo                   | No. St.,  f death occurred in a hospital or institution, give its NAME instead of street as ds. How long in U.S. if of foreign birth? yrs.       | Ward number)      |
| 2. FULL N  | ME W   | ilson Palm  | atory If U. S. Veteran, specify WAR  |                   |
| (a) Reside   | nce: No. Ma  | (Usual place of abode)                                    | Ward.  If nonresident give city or town  | and State         |
| PERSO  | NAL AND STATIST  | TCAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   | 1                 |
| 3. SEX<br>Male                                     | 4. COLOR OR RACE White   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH September 2 2 nd (Month) (Day)   | , 193(Yeer)       |
| 5a. If married, wide<br>HUSBAND of<br>(or) WIFE of | Elizabeth  | ! Garman  | 22. April 15 1937, to 4/19/3   | ded deceased from |
|  | ears Months  | Tebruary 11-1848  Days If LESS than I dey, hrs. or min.   | to have occurred on the date stated above, at 3:10 P.m.  | Data of onset     |
| kind of<br>SAWYE                                   | ession, or perticular<br>work done, as SPINNER,<br>R, BOOKKEEPER, etc<br>business in which | Farmer  | Cardio Vaccular Diese  | 7730              |
| SAW M  | res done, as SILK MILL, ILL, BANK, etc   | 11. Total time (years) spent In this occupetion           | Cerebral Hemourhage  | 9/12/3            |
| 12. BIRTHPLACE (                                   | ety or town) - Kus   |   | Other Contributory Causes of Importance  |                   |
| 13. NAME   | William  | Palmatory   |  |                   |
| I 14. BIRTHPLA                                     | CE (city or town)  | Delawale.   | Name of operation Date of What test confirmed diagnosis? Was there   |                   |
|  | AME Sarah CE (city or town)  | Sanders.<br>Vincland<br>new Gersey.                       | 23. If death wes due to external causes (VIOLENCE) fill in also the folio Accident, suicide, or homicide? Dete of injury Where did injury occur? | wing:             |
| I7. INFORMANT<br>(Address)                         | m  | OF Thelmostory  | (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC   | State); PLACE.    |
|  | ation, or removal  | Runfaval. Date Supt-25, 1932                              | Manner of Injury   |                   |
| 19. UNDERTAKER                                     | V mwells   | Farier  | 24. Was disease or injury In any way related to occupation of deceased   | ?                 |

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. z.

Registrar.

If so, specily (Signed)

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| THE TO SEE   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

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PHYSICIANS Exact statement

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stated

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certificate.

See instructions on

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

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17. INFORMANT

19. UNDERTAKES

(Address)

(Address)

18, BURIAL, CREMATION, OR REMOVAL

1. PLACE OF

ECORD. Every item of infor-

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| CTATE | OF | MADVI | AND. | -CERTIFICA | TE    | OF | DEATH |
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| SIAIL | UF | MARYL | ANU- | CERTIFICA  | 1 I E | OF | DEATH |

| STATE OF MARYLAN                             | D-CERTIFICATE (                               | OF DEATH 1011.                                  | L   |
|--|---|---|-----|
| DEATH  | 98:20   | is me   |     |
| uen aune                                     |   | Registration Dist. No. 253                      |     |
| Chester                                      | NoNo  | on, give its NAME instead of street and number) | ard |
| ence in city or town where death occurredyrs | (If death occurred in a hospital or instituti |   |     |

| County lieu au   | Registration Dist. No. 23  |
|--|--|
| Village or City Oliester   | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)   |
|  | death occurred in a hospital of institution, give its (VAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME oseph a Spourp  | sow If U. S. Veteran, specify WAR  |
| (a) Residence No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (raprice the word)  Male White Masses  A. COLOR OR RACE OR DIVORCED (raprice the word)   | 21. DATE OF DEATH  Sept /3 , 193 7 (Month) (Day) (Year)  |
| 5a. If merried, widowed or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  30 rade, profession, or particular kind of work done, as SPINNER, BOOK SAWYER, BOOK KEPER, etc.  91 ndustry or business in which work was done, as SILK MILL, | I HEREBY CERTIF Thet I attended deceased from 19.36 to   |
| SAW MILL, BANK, etc  | Other Contributory Canses of importance:   |
| 13. NAME Cleyander Thompson  14. BIRTHPLACE (city or town) Dorchester Co (State or country)  15. MAIDEN NAME Sulia Leas  | Neme of operation Dete of What test confirmed diegnosis? Was there en autopsy?   |
| 16. BIRTHPLACE (city or town). Chester   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                |

Accident, suicide, or homicide?

(Specify city or town, county and State) occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Neture of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |                  | Example II   |               |
|--|------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset    | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis CCT A 184   | 1915             | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921             | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927      | Peritonitis  | 3 days ago    |
|  | Acceptant traded |  |               |
| Other contributory causes of importance:                                       |                  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923       | Gastroenteritis  | 1 year        |
|  |                  |  |               |